

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

ALLIANCE FOR RETIRED AMERICANS

(b) Address (number and street) ☐ check if different than previously reported

815 16TH STREET NW 4TH FLOOR NORTH

(c) City, State and ZIP Code

WASHINGTON

DC

20006

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001226

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

(b) Communication Title Disgrace

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Social Welfare 501C4

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Ms Suzanne H Elnahal

(b) Address (number and street)

815 16th Street, NW

(c) City, State and ZIP Code

Washington

DC

20006

(d) Name of Employer or Principal Place of Business

Alliance For Retired Americans

(e) Occupation

Director of Finance and Administration

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

10268.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mr Edward F Coyle

SIGNATURE Electronically Filed by Mr Edward F Coyle

DATE 10/20/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.